

10 MAR -1 PM 4:12

A Public Document

EB

RECEIVED
Date Received
Official Use Only
By: [Redacted]

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Furutani	Warren		[Redacted]
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE OPTIONAL: E-MAIL ADDRESS
[Redacted]	[Redacted]	[Redacted]	[Redacted]

1. Office, Agency, or Court

Name of Office, Agency, or Court:

California State Assembly

Division, Board, District, if applicable:

55th District

Your Position:

Assemblymember

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-OR-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-OR-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/1/10

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Warren T. Furutani
--

▶ NAME OF SOURCE
 Bass for Assembly
 ADDRESS (Business Address Acceptable)
 777 S. Figueroa St., Suite 4050, LA, CA 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 08 / 09	\$ 72.51	Jacket
__ / __ / __	\$	
__ / __ / __	\$	

▶ NAME OF SOURCE
 CA Democratic Party
 ADDRESS (Business Address Acceptable)
 1401 21st Street, Suite 200, Sacto, CA 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 08 / 09	\$ 73.27	Dinner
__ / __ / __	\$	
__ / __ / __	\$	

▶ NAME OF SOURCE
 CA Tribal Business Alliance
 ADDRESS (Business Address Acceptable)
 1530 J Street, Suite 250, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 14 / 09	\$ 88.77	Reception
__ / __ / __	\$	
__ / __ / __	\$	

▶ NAME OF SOURCE
 Japanese Chamber of Commerce of Northern CA
 ADDRESS (Business Address Acceptable)
 1875 S. Grant Street, #760, San Mateo, CA 94402
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 24 / 09	\$ 57.81	Dinner
__ / __ / __	\$	
__ / __ / __	\$	

▶ NAME OF SOURCE
 Japan Business Association of Southern CA
 ADDRESS (Business Address Acceptable)
 1411 W. 190th St., #27 Gardena, CA 90248
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 24 / 09	\$ 57.81	Dinner
__ / __ / __	\$	
__ / __ / __	\$	

▶ NAME OF SOURCE
 Bill Wong LLC
 ADDRESS (Business Address Acceptable)
 P. O. Box 188858, Sacramento, CA 95818
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 09 / 09	\$ 80.61	Dinner
__ / __ / __	\$	
__ / __ / __	\$	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name _____

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE <u>Asian Pacific American Labor Alliance, AFL-CIO</u>
ADDRESS (Business Address Acceptable) <u>815 16th Street NW</u>
CITY AND STATE <u>Washington, DC</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
DATE(S): <u>07/10/09</u> - <u>07/10/09</u> AMT: \$ <u>139.20</u> <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>Spoke at the their annual convention</u>

▶ NAME OF SOURCE <u>City of Los Angeles</u>
ADDRESS (Business Address Acceptable) <u>1400 K Street, Room 208</u>
CITY AND STATE <u>Sacramento, CA</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
DATE(S): <u>01/01/09</u> - <u>12/31/09</u> AMT: \$ <u>600.00</u> <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>Parking and Shuttle Service</u>

▶ NAME OF SOURCE _____
ADDRESS (Business Address Acceptable) _____
CITY AND STATE _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

▶ NAME OF SOURCE _____
ADDRESS (Business Address Acceptable) _____
CITY AND STATE _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

Comments: _____